

## Complaint form

How to register f	or online banking info@bankvi	c.com.au		), MELBOURNE VIC 8060 MELBOURNE VIC 3001	Visit a branch
Please provide us w	ith as many details as possible	as this assists us in	n investigating your	complaint.	
Details of Com	plainant If outside of Australi	a, please advise.			
Member no Title	Ms Miss Mrs	Mr Dr	Preferred method Preferred hours	Mail Email Phone	
	Other		Details of person	acting on behalf of complaina	ant (if annlicable)
Surname Given name/s			_	s detting on sometimes of completing	me (ir appricable)
Tel. number			Surname		
Fax number			Given name/s		
Email			Telephone number		
Problem encou	ntered				
Date of occurrence					
Description/Partic	ılars				
Attachment/s					(C)
if you are providing	attachments please list them belo	ow or 11 you wish to p	provide electronic doc	uments you can email us at carlto	n@bankvic.com.au
1.					
2.					
3.					
4.					
Remedy reques	ted				
No Ye	S				
How would you like	o see us resolve the complaint?				
used to action my co without it. I am also	nplaint. I acknowledge that alth	ough there is no obli on about how BankVi	gation to provide this c uses, discloses and	by the personal information within information, BankVic can not act secures this personal information	on this instruction
Signature	-	Date	•		
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Police Financial Services Limited ABN 33 087 651 661 AFSL 240293 Australian Credit Licence 240293 - trading as BankVic T 13 63 73 bankvic.com.au 2.16 5889bv

 ${\bf Please\ return\ to\ Bank Vic,\ Reply\ Paid\ 90210\ MELBOURNE\ VIC\ 8060\ and\ keep\ a\ copy\ for\ your\ reference.}$